

Date of Issue  
January 10, 1996

MLR

Issued At

Hunt Valley

KB



Policy No. S 1352759

**Named Insured:** White Oak Inc

(See IL7016 0189)

**Address:** 1 South Old Baltimore Pike  
Newark, New Castle County  
DE 19702

Standard Time at Location <b>Policy Period:</b> of Designated Premises	12:01 a.m.	From 10-11-95 To 10-11-96
---	------------	---------------------------

**Representative:** Agent or Broker J.A. Montgomery, Inc. # 4801

Selective Way Insurance Company  
Branchville, New Jersey 07890

#### Schedule Of Coverage

- Commercial Property Coverage
- Commercial General Liability Coverage
- Commercial Automobile Coverage
- Commercial Inland Marine Coverage
- Commercial Crime Coverage
- Systems Breakdown Coverage
- Farm Property Coverage
- Farm Liability Coverage
- 
- 
- 

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as indicated in this schedule. Insurance is provided only for those coverages for which a specific limit is shown on the attached coverage declarations.

DPP-9

**Total Policy Premium \$ 54,486.00**  
(This premium may be subject to adjustment)

Countersigned by \_\_\_\_\_

JAN 22 1996

ET

Authorized Representative

Named Insured:

White Oak Inc

(See IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 08/30/96

Changes indicated in this endorsement affect all coverages provided under this

**COMMERCIAL POLICY**The Common Declarations Page is amended to reflect the changes indicated below by an  ".

- Amend the Named Insured to read: \_\_\_\_\_  
\_\_\_\_\_
- Amend the Insured's Address to read: \_\_\_\_\_  
\_\_\_\_\_
- Coverage Parts of this policy are revised as follows:  
 Add \_\_\_\_\_  
 Delete \_\_\_\_\_

The Commercial Policy Coverage Schedule is amended to include these changes.

- Other Changes

Boothurst LLC is amended to read Boothhurst LLC

Pro-Rata Factor:

Number of Days

Total Endorsement Premium: NIL

11/11/96 /HV/KB.

Date of Issue

4801

Agent No.

Authorized Representative Signature

**POLICY CHANGES**

Endorsement # 5

Named Insured: WHITE OAK BUILDERS INC (SEE IL7016 0189)	Policy Number: S 1352759
	Policy Effective Date: 10/11/95
	Endorsement Effective Date: 05/23/96

Changes indicated in this endorsement affect all coverages provided under this

**COMMERCIAL POLICY**The Common Declarations Page is amended to reflect the changes indicated below by an  ".

- Amend the Named Insured to read: \_\_\_\_\_  
\_\_\_\_\_
- Amend the Insured's Address to read: \_\_\_\_\_  
\_\_\_\_\_
- Coverage Parts of this policy are revised as follows:
- Add \_\_\_\_\_
- Delete \_\_\_\_\_

The Commercial Policy Coverage Schedule is amended to include these changes.

- Other Changes

THE FOLLOWING NAME IS ADDED TO THE SCHEDULE OF NAMED INSUREDS:

ROUTE 72, INC

Pro-Rata Factor: Number of Days	Total Endorsement Premium: NIL
------------------------------------	--------------------------------

06/13/96 /HV/MR  
Date of Issue

4801  
Agent No.

JUN 13 1996  
Authorized Representative Signature

**POLICY CHANGES**

Named Insured:

WHITE OAK BUILDERS INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 10/11/95

Changes indicated in this endorsement affect all coverages provided under this  
**COMMERCIAL POLICY**

The Common Declarations Page is amended to reflect the changes indicated below by an  ".

- Amend the Named Insured to read: \_\_\_\_\_  
\_\_\_\_\_
- Amend the Insured's Address to read: \_\_\_\_\_  
\_\_\_\_\_
- Coverage Parts of this policy are revised as follows:  
 Add \_\_\_\_\_  
 Delete \_\_\_\_\_

The Commercial Policy Coverage Schedule is amended to include these changes.

Other Changes

ON THE LIST OF NAMED INSUREDS, THE NAME ST GEORGIA'S TRUST  
IS AMENDED TO READ ST GEORGES TRUST

Pro-Rata Factor:  
Number of Days

Total Endorsement Premium:

NIL

Bd

**POLICY CHANGES**

Endorsement # 3

Named Insured: <b>WHITE OAK BUILDERS INC</b> (SEE IL7016 0189)	Policy Number: <u>S 1352759</u>
	Policy Effective Date: <u>10/11/95</u>
	Endorsement Effective Date: <u>02/19/96</u>
<p>Changes indicated in this endorsement affect all coverages provided under this <b>COMMERCIAL POLICY</b></p> <p>The Common Declarations Page is amended to reflect the changes indicated below by an <input checked="" type="checkbox"/> ".</p> <p><input type="checkbox"/> Amend the Named Insured to read: _____ _____</p> <p><input type="checkbox"/> Amend the Insured's Address to read: _____ _____</p> <p><input type="checkbox"/> Coverage Parts of this policy are revised as follows:</p> <p><input type="checkbox"/> Add _____</p> <p><input type="checkbox"/> Delete _____</p> <p>The Commercial Policy Coverage Schedule is amended to include these changes.</p> <p><input checked="" type="checkbox"/> Other Changes</p> <p>THE FOLLOWING NAME IS ADDED TO THE LIST OF NAMED INSUREDS:</p> <p>Stone Mill Inc</p>	
Pro-Rata Factor: Number of Days	Total Endorsement Premium: <u>NIL</u>

02/28/96 /HV/MR  
Date of Issue4801  
Agent No.  
D 60

Authorized Representative Signature

**POLICY CHANGES****Endorsement #**

Named Insured:

WHITE OAK INC  
(SEE IL7016 0189)Policy Number: S 1352759Policy Effective Date: 10/11/95Endorsement Effective Date: 11/22/95

Changes indicated in this endorsement affect all coverages provided under this

**COMMERCIAL POLICY**The Common Declarations Page is amended to reflect the changes indicated below by an  ". Amend the Named Insured to read: WHITE OAK BUILDERS INC

(SEE IL7016 0189)

 Amend the Insured's Address to read: \_\_\_\_\_ Coverage Parts of this policy are revised as follows:  
 Add \_\_\_\_\_  
 Delete \_\_\_\_\_

The Commercial Policy Coverage Schedule is amended to include these changes.

 Other ChangesPro-Rata Factor:  
Number of DaysTotal Endorsement Premium: NIL

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 1Q 04 88

B 11

**POLICY CHANGES**

Endorsement # 1

Named Insured:

WHITE OAK INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 11/02/95

Changes indicated in this endorsement affect all coverages provided under this

**COMMERCIAL POLICY**The Common Declarations Page is amended to reflect the changes indicated below by an  ".

- Amend the Named Insured to read: \_\_\_\_\_  
\_\_\_\_\_
- Amend the Insured's Address to read: \_\_\_\_\_  
\_\_\_\_\_
- Coverage Parts of this policy are revised as follows:  
 Add \_\_\_\_\_  
 Delete \_\_\_\_\_

The Commercial Policy Coverage Schedule is amended to include these changes.

 Other Changes**THE FOLLOWING NAMES ARE ADDED TO THE LIST OF NAMED INSUREDS:**Capano Enterprises Inc  
Wyndom IncPro-Rata Factor: 0.940  
Number of Days 343

Total Endorsement Premium: NIL

IL 70 10 04 88

01/23/96 /HV/MR

Date of Issue

4801

Agent No.

FEB 5 1996 ET

Authorized Representative Signature

**POLICY CHANGES****Endorsement #**

Named Insured:	Policy Number: S 1352759
	Policy Effective Date: _____
	Endorsement Effective Date: _____

Coverage Part Affected:

**Common Declaration****CHANGES**

The above coverage part is hereby amended as follows:

*Page 1 of 3***Named Insured**

Environmental Resources Inc  
 Cranbrook Development Company  
 Carriage Run Inc  
 The American Group  
 Joseph L Capano Builders Inc  
 Newbury Village Inc  
 Rt 40 & 7 Venture Inc  
 Gulls Nest Inc  
 Capano Builders Inc  
 Canterbury Village L P  
 Olde Christiana Management Company Inc  
 FJM Limited Partnership  
 Cranbrook Realty  
 Windover Company  
 Ken Company  
 Pro-To-Call Realty Inc  
 Christiana Concrete Company Inc  
 J O F R Inc  
 Tree Lane Associates Inc  
 Hawks Nest Inc  
 77 Associates Inc  
 Buttonwood Enterprises Inc  
 Wellington Woods Maintenance Corp  
 Kensington Maintenance Corp  
 Valley Road Maintenance Assoc  
 Lakeside Maintenance Assoc  
 Capano Enterprises Inc  
 J L Capano Inc

Date of Issue

Agent No.

Authorized Representative Signature

IL 70 16 01 89

**POLICY CHANGES****Endorsement #**

Named Insured:

Policy Number: S 1352759

Policy Effective Date:

Endorsement Effective Date:

Coverage Part Affected:

**Common Declaration****CHANGES**

The above coverage part is hereby amended as follows:

Page 2063

**Named Insured**

White Oak Builders Inc  
 Harmony Crest Inc  
 Soya Inc  
 Texaco Inc  
 Bass Properties Inc  
 Golden Acres Inc  
 Open Spaces Inc  
 Oak Run Inc  
 Christiana Ventures Inc  
 JYD Inc  
 Penn Manor Inc  
 Clair Manor Inc  
 J L Capano Realty Inc  
 Olde Christiana Concrete Company Inc  
 Capano Communities Inc  
 Pemberley Inc  
 Black Horse Realty Inc  
 9244 Inc  
 Capko Custom Homes Inc  
 Rutledge Builders Inc  
 JNC Inc  
 Caplem Inc  
 Westbridge Inc  
~~Boothurst LLC~~ *Boothhurst LLC*  
 Del Investments Inc  
 600 Delaware Avenue Inc  
 Rivers End Inc  
 Smalleys Dam Venture Inc  
*Capano Enterprises Inc*  
*Wyndom, Inc.*

Date of Issue

Agent No.

Authorized Representative Signature

IL 70 16 01 89

**POLICY CHANGES**

Endorsement #

Named Insured:

Policy Number: S 1352759

Policy Effective Date:

Endorsement Effective Date:

Coverage Part Affected:

**Common Declaration****CHANGES**

The above coverage part is hereby amended as follows:

Page 3 of 3

**Named Insured**

Salem Trace Inc  
 J L Capano Realtor  
 Grady Inc  
 Christiana Excavating Company Inc  
 Genesis Land Development  
 Genesis Masonry Sand Products  
 Kensington Inc  
~~St Georgias Trust~~ St Georges Trust  
 Raven Glen Inc  
 Wellington Trust  
 Springfield Maintenance Assoc  
 Rutledge Maintenance Assoc  
 Clair Manor Maintenance Assoc  
 Bear Crossing Ltd  
 Route 13 Associates Inc  
 Cromwell Properties Inc  
 Cotswold Builders Inc  
 Richards Lane Inc  
 Wellington Group Inc  
 Industry 40  
 Bellwether Manor Inc  
 Rutledge II Associates Inc  
 Hodav Inc  
 Fox Run Maintenance Assoc  
 Springfields Inc  
 Springfields Ventures Inc  
 Bear Trac LLC  
 Glasgow Farms LLC  
 Route 7 & Joint LLC

Stone Mill Inc

Route 72 Inc

Date of Issue  
IL 70 16 01 89

Agent No.

Authorized Representative Signature

Named Insured:

White Oak Inc

(See IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 08/30/96

Coverage Part Affected:

## COMMERCIAL GENERAL LIABILITY

## CHANGES

STANDARD  
COMMISSION  
EXCEPTION

10%

The above coverage part is hereby amended as follows:

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS,  
CG2010 1093, IS ADDED PER THE ATTACHED

TOTAL ENDORSEMENT PREMIUM: NIL

11/11/96 /HV/KB

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89



POLICY NUMBER: S 1352759

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART****SCHEDULE****Name of Person or Organization:**

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC WORKS  
ROOM 130  
2701 CAPITOL TRAIL  
NEWARK, DE 19711

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**POLICY CHANGES**

Named Insured: <b>WHITE OAK BUILDERS INC SEE IL7016 0189</b>	Policy Number: <b>S 1352759</b>	
	Policy Effective Date: <b>10/11/95</b>	
	Endorsement Effective Date: <b>05/23/96</b>	
Coverage Part Affected		
<b>COMMERCIAL GENERAL LIABILITY</b>		
CHANGES		
<b>10%</b>		
The above coverage part is hereby amended as follows:		
<b>VACANT BUILDINGS - NOT FACTORIES - OTHER THAN NOT-FOR-PROFIT (T-001)</b> <b>LOC 32A: 2160 NEW CASTLE AVENUE NEW CASTLE, NEW CASTLE COUNTY, DE 19720</b>		
ADD:	68606      31,035 (A)      10.046      INCL PRO RATA	(334)      312      (336) 120      INCLUDED
		(334)      120      A.P. (336)
Pro Rata Factor: 0.386 Number Days: 141 Additional Premium: <u>\$120</u>		

06/13/96 /HV/MR

Date of Issue

4801

Agent No.

JUN 13 1996

Authorized Representative Signature

IL 70 16 01 89

N:

310

THIS ENDORSEMENT  
APPLIES TO THE POLICY**POLICY CHANGES**

Endorsement #

Named Insured:  
**WHITE OAK BUILDERS INC**  
(SEE IL7016 0189)

Policy Number: S 1352759Policy Effective Date: 10/11/95Endorsement Effective Date: 03/23/96

Coverage Part Affected

**COMMERCIAL GENERAL LIABILITY****CHANGES****STANDARD  
COMMISSION  
EXCEPTION**

The above coverage part is hereby amended as follows:

**REAL ESTATE DEVELOPMENT PROPERTY**

(T-001)

LOC 31A: STRIPE RUN, WATERMAN ESTATES  
ROCK HALL, KENT COUNTY, MD 21661

ADD:	47051	10 (T)	21.333	INCL PRO RATA	(334)	(336)
					213	INCLUDED
					118	INCLUDED

(334)	118 A.P.
(336)	
Pro Rata Factor:	0.553
Number Days:	202
Additional Premium:	<u>\$118</u>

06/13/96 /HV/MR

Date of Issue

IL 7016 01 89

4801

Agent No.

JUN 13 1996

Authorized Representative Signature

-HV/MR-

Named Insured: <b>WHITE OAK BUILDERS INC (SEE IL7016 0189)</b>	Policy Number: <b>S 1352759</b>
	Policy Effective Date: <b>10/11/95</b>
	Endorsement Effective Date: <b>01/25/96</b>

**Coverage Part Affected****COMMERCIAL GENERAL LIABILITY****CHANGES**

**STANDARD  
COMMISSION  
EXCEPTION**

**10%**

The above coverage part is hereby amended as follows:

**MODEL HOMES (T-001)  
LOC 30A: LOT 13, BELLWETHER MANOR  
BEAR, NEW CASTLE COUNTY, DE**

ADD:	46362	1 (U)	95.659	INCL PRO RATA	(334) 96	(336) 68	INCLUDED INCLUDED
------	-------	-------	--------	------------------	-------------	-------------	----------------------

(334)	68	A.P.
(336)		
Pro Rata Factor:	0.704	
Number Days:	257	
Additional Premium:	\$68	

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

B7

**POLICY CHANGES****Endorsement #**

5

Named Insured:

WHITE OAK BUILDERS INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 12/01/95

Coverage Part Affected

**COMMERCIAL GENERAL LIABILITY****CHANGES**

10%

**STANDARD  
COMMISSION  
EXCEPTION**

The above coverage part is hereby amended as follows:

**MODEL HOMES**

LOC 25A: 104 SHIM CIRCLE, LIMESTONE,  
WILMINGTON, NEW CASTLE COUNTY, DE

DELETE:	46362	1 (U)	95.659	INCL PRO RATA	(334) 96 83	(336) INCLUDED INCLUDED
---------	-------	-------	--------	------------------	-------------------	-------------------------------

**MODEL HOMES (T-001)**

LOC 29A: LOT 14, BELLWETHER MANOR,  
BEAR, NEW CASTLE COUNTY, DE

ADD:	46362	1 (U)	95.659	INCL PRO RATA	96 83	INCLUDED INCLUDED
------	-------	-------	--------	------------------	----------	----------------------

Pro Rata Factor: 0.860

Number Days: 314

Total Endorsement Premium: NIL

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

Bj

Named Insured:

WHITE OAK BUILDERS INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 11/30/95

Coverage Part Affected

## COMMERCIAL GENERAL LIABILITY

10%

STANDARD  
COMMISSION  
EXCEPTION

## CHANGES

The above coverage part is hereby amended as follows:

## WAREHOUSES - PRIVATE - OTHER THAN

## NOT-FOR-PROFIT

LOC 2A: 60 RAILROAD AVENUE, BEAR,  
NEW CASTLE COUNTY, DE

DELETE:	68706	1,500 (A)	21.334	INCL	32	(334) (336)
				PRO RATA	28	INCLUDED INCLUDED

WAREHOUSES - PRIVATE - OTHER THAN  
NOT-FOR-PROFIT (T-001)LOC 28A: 402 CONNER BLVD., INDUSTRY 40,  
PULASKI, BEAR, NEW CASTLE COUNTY, DE

ADD:	68706	1,000 (A)	21.334	INCL	21	INCLUDED
				PRO RATA	18	INCLUDED

(334) 10 R.P.

(336)

Pro Rata Factor: 0.863

Number Days: 315

Return Premium: \$10

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

B5

**POLICY CHANGES**

Endorsement #

3

Named Insured:

WHITE OAK BUILDERS INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 11/22/95

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

10%

STANDARD  
COMMISSION  
EXCEPTION**CHANGES**

The above coverage part is hereby amended as follows:

MODEL HOMES (T-001)  
LOC 27A: LOT 140, LEA EARA FARMS  
MIDDLETOWN, DE

ADD:	46362	1 (U)	95.659	INCL PRO RATA	(334) 96	(336) INCLUDED 85 INCLUDED
------	-------	-------	--------	------------------	----------	-------------------------------

(334) 85 A.P.  
(336)  
Pro Rata Factor: 0.885  
Number Days: 323  
Additional Premium: \$85

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 7016 0189

R.S.

**POLICY CHANGES**

Endorsement #

2

Named Insured:

WHITE OAK BUILDERS INC  
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 10/11/95

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

10%  
**STANDARD  
COMMISSION  
EXCEPTION****CHANGES**

The above coverage part is hereby amended as follows:

**MODEL HOMES**LOC 9A: WELLINGTON WOODS, OFF ROUTE 40,  
BEAR, NEW CASTLE COUNTY, DE

DELETE:	46362	1 (U)	95.659	INCL	(334) 96	(336) INCLUDED
---------	-------	-------	--------	------	----------	----------------

**MODEL HOMES**LOC 23A: 102 RICHARD LANE, WILMINGTON,  
NEW CASTLE COUNTY, DE

DELETE:	46362	1 (U)	95.659	INCL	96	INCLUDED
---------	-------	-------	--------	------	----	----------

(334) 192 R.P.

(336)

Pro Rata Factor: 1.000

Number Days: 365

Return Premium: \$192

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

R.O.

**POLICY CHANGES**Endorsement # 1

Named Insured: <b>WHITE OAK BUILDERS INC</b>	Policy Number: <u>S 1352759</u>
	Policy Effective Date: <u>10/11/95</u>
	Endorsement Effective Date: <u>10/11/95</u>

Coverage Part Affected:

**COMMERCIAL GENERAL LIABILITY****CHANGES**

The above coverage part is hereby amended as follows:

**THE ADDRESS OF LOCATION 11A IS AMENDED TO READ AS FOLLOWS:**  
**SUMMIT BRIDGE ROAD, CENTRAL, MIDDLETOWN, NEW CASTLE COUNTY, DE**

TOTAL ENDORSEMENT PREMIUM: NIL
02/28/96 /HV/MR  
Date of Issue
4801  
Agent No.

Authorized Representative Signature

JL 70 16 01 89

B.O.

Policy Number: S 1352759

**Selective**  
INSURANCE  
COMPANY

New to Company

Replaces Pol.#

S 3208281

Policy Effective Date: 10-11-95

Coverage Effective Date:

(Same as Policy Effective Date unless otherwise shown.)

Sny. 60

Named Insured is:  Individual  Corporation Partnership  Joint Venture Other

Business of Named Insured: Carpentry Contractor

107  
STANDARD  
COMMISSION  
EXCEPTION

Insurance is provided only for those coverages for which a specific limit is shown in the following coverage schedule.

**Coverage Schedule**

Coverage	Limits
General Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000.
Products-Completed Operations Aggregate Limit	\$2,000,000.
Personal and Advertising Injury Limit	\$1,000,000.
Each Occurrence Limit	\$1,000,000.
Fire Damage Limit	\$ 50,000. ANY ONE FIRE
Medical Expense Limit	\$ 5,000. ANY ONE PERSON

**Forms and Endorsements:**

F-639 (3/87)

Form 943(3/86)

IL0021 1194

CG2010 1185

IL0017 1185

CG7032 0490

CG0001 1188

CG2147 0989

CG2150 0989

CG2503 1185

CG2504 1185

F-545 (3/87)

Premium \$ 13,979.00  
(This premium may be subject to adjustment.)



This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Commercial General Liability     | <input type="checkbox"/> Products/Completed Operations |
| <input type="checkbox"/> Owners and Contractors Protective Liability | <input type="checkbox"/> Liquor Liability              |
|  | <input type="checkbox"/>                               |

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit			
CARPENTRY - CONSTRUCTION OF RESIDENTIAL PROPERTY NOT EXCEEDING THREE STORIES IN HEIGHT	91340#	600,000.00 (p)	9.110	2.824	5,466.00	1,694.00
Loc 1A: 1 S Old Baltimore Pike, Newark, New Castle County, DE						
CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH BUILDING CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION - ONE OR TWO FAMILY DWELLINGS	91583	3,500,000.00 (c)	0.243	0.516	851.00	1,806.00
Loc 1B: See Loc 1A						
WAREHOUSES - PRIVATE - OTHER THAN NOT-FOR-PROFIT	68706	1,500.00 (a)	21.334	INCL.	32.00	INCL.
Loc 2A: 60 Railroad Avenue Bear, New Castle Co., DE						

Minimum Premium \$ 208.00 / \$ 312.00 Total Advance Premium \$ Cont Cont

Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises:  Owner  General Lessee  Tenant

Part You Occupy: Portion

This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.



This schedule lists classifications, exposures, parts indicated below:

- Commercial General Liability       Products/Completed Operations  
 Owners and Contractors Protective Liability       Liquor Liability

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	173.00 (t)	3.318	INCL.	574.00	INCL.
Loc 3A: Summit Bridge Road, East, Middletown, New Castle Co., DE						
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY)	63010	1.00 (u)	25.889	INCL.	26.00	INCL.
Loc 3B: See Loc 3A						
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	15.00 (t)	3.318	INCL.	50.00	INCL.
Loc 5A: Rt 40 & 7, Newark, Bear New Castle County, DE						
Minimum Premium \$ 208.00 / \$ 312.00			Total Advance Premium \$		Cont	Cont
Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address) See Above Schedule						
Your Interest In These Premises: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant <input type="checkbox"/> Part You Occupy: Portion						
	This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.					



This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Commercial General Liability     | <input type="checkbox"/> Products/Completed Operations |
| <input type="checkbox"/> Owners and Contractors Protective Liability | <input type="checkbox"/> Liquor Liability              |
|  | <input type="checkbox"/>                               |

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acre	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING - MAINTAINED BY THE INSURED (LESSOR'S RISK ONLY) - OTHER THAN NOT-FOR-PROFIT	61217	10,060.00 (a)	26.876	INCL.	271.00	INCL.
Loc 5B: See Loc 5A						
REAL ESTATE DEVELOPMENT PROPERTY	47051	3.00 (t)	22.093	INCL.	66.00	INCL.
Loc 6A: Old Airport Road & 195, New Castle Co., DE						
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	19.00 (t)	3.318	INCL.	63.00	INCL.
Loc 7A: Taylorstowne, Smalleys Dam Road, Newark, New Castle Co De						
Minimum Premium \$ 208.00 / \$ 312.00			Total Advance Premium \$		Cont	Cont

Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises:  Owner  General Lessee  Tenant

Part You Occupy: Portion

This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.

**Selective**

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

- Commercial General Liability       Products/Completed Operations  
 Owners and Contractors Protective Liability       Liquor Liability

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS		
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	12.00 (t)	3.318	INCL.	40.00	INCL.
Loc 8A: Rivers End, Smalleys Dam Road, Newark, New Castle Co., DE						
MODEL HOMES	46362	1.00 (u)	.95659	INCL.	96.00	INCL.
Loc 9A: Wellington Woods, Off Rt 40, Bear, New Castle Co., DE						
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	40.00 (t)	3.318	INCL.	133.00	INCL.
Loc 9B: See Loc 9A						

Minimum Premium \$ 208.00 / \$ 312.00	Total Advance Premium \$	Cont	Cont
---------------------------------------	--------------------------	------	------

Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises:  Owner  General Lessee  Tenant 

Part You Occupy: Portion

	This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.
--	---

**INSURANCE  
Selective**

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

- Commercial General Liability       Products/Completed Operations  
 Owners and Contractors Protective Liability       Liquor Liability

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	19.00 (t)	3.318	INCL.	63.00	INCL.
Loc 9C: See Loc 9A						
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	111.00 (t)	3.318	INCL.	368.00	INCL.
Loc 10A: Summit Bridge Road, West, Middletown, New Castle Co, DE						
VACANT LAND - OTHER THAN NOT-FOR-PROFIT	49451#	16.00 (t)	3.318	INCL.	53.00	INCL.
Loc 11A: Summit Bridge Road, <del>Central</del> East, Middletown, New Castle Co, DE						

Minimum Premium \$ 208.00 / \$ 312.00	Total Advance Premium \$	Cont	Cont
---------------------------------------	--------------------------	------	------

Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises:  Owner  General Lessee  Tenant 

Part You Occupy: Portion

	This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.
--	---



This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

- Commercial General Liability       Products/Completed Operations  
 Owners and Contractors Protective Liability       Liquor Liability

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
REAL ESTATE DEVELOPMENT PROPERTY	47051	19.00 (t)	22.093	INCL.	420.00	INCL.
Loc 12A: Rt 1 Rehoboth Shore Estates, Rehoboth, Sussex Co., DE						
BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING - MAINTAINED BY THE INSURED (LESSOR'S RISK ONLY) - OTHER THAN NOT-FOR-PROFIT	61217	4,000.00 (a)	26.876	INCL.	108.00	INCL.
Loc 13A: 467 Airport Road, New Castle Co., DE						
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY)	63010	1.00 (u)	25.889	INCL.	26.00	INCL.
Loc 14A: 800 Ocean Drive, Bethany, Sussex Co., DE						

Minimum Premium \$ 208.00 / \$ 312.00      Total Advance Premium \$ Cont Cont

Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises:  Owner  General Lessee  Tenant

Part You Occupy: Portion

This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.